

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		3				
19		2				
20		1				
21		1				
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37		2				
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50						
TOTAL IND.	3					
TOTAL DEP.	51					
TOTAL CLAIMS	51					

1	IND	DEP	1	IND	DEP	1	IND	DEP
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TOTAL CLAIMS								